

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Southern National Life
Insurance Company d/b/a
Benefit Management Services
c/o Michelle Calandro
5525 Reitz Avenue
Baton Rouge, LA 70804

Article Number

(Transfer from service label)

Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Valerie Roberts*

☒ Agent☐ Addressee

B. Received by (Printed Name)

Valerie Roberts

C. Date of Delivery

07/23/07

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

2006 V-717-1D

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

Restricted Delivery? (Extra Fee)

☐ Yes

70010 UB10 0000 5915 7074

Domestic Return Receipt

102595-02-M-1540